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PTO/SB/50 (4/98)

Approved for use through 09/30/2000. OMB 0651-0033

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

Attorney Docket No.	3516.2US
First Named Inventor	Robert Hans Meloen Et Al.
Original Patent Number	5,885,966
Original Patent Issue Date (Month/Day/Year)	March 23, 1999
Express Mail Label No.	EL500247878US

APPLICATION FOR REISSUE OF:

(check applicable box)



Utility Patent



Design Patent



Plant Patent

## APPLICATION ELEMENTS

- ☒ \* Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
- ☒ Specification and Claims (amended, if appropriate)
- ☐ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath / Declaration (original or copy)  
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
- Original U.S. Patent  
☒ Offer to Surrender Original Patent (37 C.F.R. § 1.178)  
(PTO/SB/53 or PTO/SB/54)  
or  
☐ Ribboned Original Patent Grant  
☐ Affidavit / Declaration of Loss (PTO/SB/55)
- Original U.S. Patent currently assigned?  
☒ Yes ☐ No  
(If Yes, check applicable box(es))  
☐ Written Consent of all Assignees (PTO/SB/53 or 54)  
☒ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney

## ACCOMPANYING APPLICATION PARTS

- ☐ Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
- ☒ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration  
(if applicable)
- ☐ \* Small Entity Statement filed in prior application,  
Statement(s) ☐ Status still proper and desired  
(PTO/SB/09-12)
- ☐ Preliminary Amendment
- ☐ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
- ☐ Other: .....

\* NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)

## 14. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☐ Correspondence address below

Name

Allen C. Turner

PATENT TRADEMARK OFFICE

Address

City

State

Zip Code

Country

Telephone

Fax

NAME (Print/Type)

Allen C. Turner

Registration No (Attorney/Agent)

33,041

Signature

Date

06/06/2001

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jc962, U.S. PTO

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09/876257  
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## REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)  
3516.2US

## Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(B) 15	Total Claims (37 CFR 1.16(j))	(B) 15	**** 0 =	x \$ _____ =		or	x \$ _____ =
(C) 1	Independent Claims (37 CFR 1.16(i))	(D) 1	* 0 =	x \$ _____ =		or	x \$ _____ =
Basic Fee (37 CFR 1.16(h))					\$ _____		\$ 710.00
Total Filing Fee					\$ _____	OR	\$ 710.00

## Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	x \$ _____ =		or	x \$ _____ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =		or	x \$ _____ =
Total Additional Fee					\$ _____	OR	\$ _____	

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- ☐ Please charge Deposit Account No. 20-1469 \_\_\_\_\_ in the amount of \_\_\_\_\_ .  
A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. \_\_\_\_\_ .  
A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$ 710.00 \_\_\_\_\_ to cover the filing / additional fee is enclosed.

June 6,  
2001

Date

  
 Signature of Applicant, Attorney or Agent of Record

Allen C. Turner

Typed or printed name